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09/17/03	14023 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

Our Docket No.: 11842/US/2	
First Named Inventor: Sandra M. Maclean	a
Title: MISCARRIAGE CARE PACKAGE	3940
Express Mail No.: EV 325427314 US	

Mail Stop PATENT APPLICATION

	ADDRESS TO:	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
APPLICAT	ION ELEMENTS		AC	COMPANYING	APPLIC	ATION PARTS	
1. Fee Calculation	Sheet	9.		Certification Und	er 35 U.S.	C. 122(b)(2)(B)(i)	
2. Applicant claims 3. Specification wi Descriptive t Cross Referen	itle of the invention ence to Related Applications	10. 11. 12. 13.		37 C.F.R. 3.73(b) Power of Attorne Information Disci (with Copies of Cita) Submissi y losure Stat ations as ne	tement cessary)	
	te: Fed. Sponsored R&D o Microfiche Appendix	14. 15.		Preliminary Ame Certified Copy of	Priority do	Total Pages: ocument(s)	
	of the Invention ary of the Invention	16. 17.		(if foreign priority is English Translati Return Receipt F (Should be specific	on Docum Postcard		
Detailed Des Claims Claims Abstract of the Drawings (35 U Claims) 4. Drawings (35 U Claims)	he Disclosure	18.	⊠	Other Check No. 9			
	n a prior application (37 C.F.R. 1.63(d)) uation/divisional with mpleted)			CONTINUATIO			•
Signar 1.6. Application Date 7.	omputer Program (Appendix) or Amino Acid Sequence Submission	19.	supply of PRI No	y the requisite in Continuation Division Continuation-in-l OR APPLICATION	formation Part (CIP) N	check appropriat	
ii. 🔲 paj	D-ROM or CD-R (2 copies); or per t verifying identify of above copies	and also claims priority from				entire ath or part of the	
	CORRESPOND	ENCE A	DDRE	ss			
ADDRESS CUSTOMER NUMBER 25763		DORSEY & WHITNEY LLP Intellectual Property Department Suite 1500 50 South Sixth Street Minneapolis, MN 55402-1498					
TELEPHONE 612-340-88	35				FAX	612-340-8856	
Attorney Name: S. Wade John	son				Reg. No.	50,873	
Signature: J. Wax	lef				Date:	9-17-03	

APPLICATION FEE TRANSMITTAL SHEET (FY 2003)

Complete if Known				
Application No.	Not Yet Known			
Filing Date	Herewith			
First Named Inventor	Sandra M. Maclean			
Group Art Unit	Not Yet Known			
Examiner Name	Not Yet Known			
Atty. Docket Number	11842/US/2			

METHOD OF PAYMENT (Check One)	FEE CALCULATION (Continued)			
The Commissioner is hereby authorized to charge indicated fees			3. ADDITIONAL FEES	
and credit any over payments to: Deposit Account No.: 04-1420 Deposit Account Name: DORSEY & WHITNEY LLP		Small Entity Fee	Fee Description	Fee paid
☐ Charge any additional fee required under 37 C.F.R. 1.16 and 1.17				
	50	25	Surcharge - late provisional filing fee or cover sheet	
	130	65	Surcharge – Late nonprovisional filing fee or oath	
FEE CALCULATION	180	180	Submission of IDS	
1. BASIC FILING FEE Large Small Entity Entity Fee Description	40	40	Recording each patent assignment per property (times number of properties)	
Fee Fee				
160 80 Provisional Filing Fee	110	55	Extension for reply within first month	
	410	205	Extension for reply within second month	
750 375 🔯 Utility Filing Fee	930	465	Extension for reply within third month	
330 165 Design Filing Fee	1,450	725	Extension for reply within fourth month	
	1,970	985	Extension for reply within fifth month	
750 375 Reissue Filing Fee	750	375	Submission After Final 1.129	
Subtotal (1) \$375.00	320	160	Notice of Appeal	
		160	Filing a brief in support of an appeal	
2. EXTRA* CLAIM FEES		140	Request for oral hearing	
Number Prior Extra Fee from Fee Paid Claims	110	55	Terminal Disclaimer Fee	
Total 24 - 20 = 4 x \$9.00 = \$36.00	130	130	Petitions to the Commissioner	
Indep. 5 - 3 = 2 x \$42.00 = \$80.00	50	50	Petitions related to provisional applications	
Multiple Dependent = x = Utility/Reissue Issue Fee				
Subtotal (2) \$116.00	1,300	650	(including advance copies)	
	470	235	Design Issue Fee (inc. advance copies)	
*Calculation of Extra Claim Fees	750	375	Request for Continued Examination (RCE)	
Large Small Entity Entity Fee Description	300	300	Publication fee for early, voluntary, or normal publication	
Fee Fee 18 9 Claims in excess of 20	300	300	Publication fee for re-publication	
84 42 Independent claims in excess of 3	110	55	Petition to Revive - unavoidable	
280 140 Multiple dependent Claim	1,300 650 Petition to Revive – unintentional			
84 42 Reissue independent claims over original patent	OTHER EEE (chociby)			
Deiense eleme in evene el	OTHER FEE (specify)			
18 9 Reissue claims in excess of 20 and over original patent Subtotal (3)		Subtotal (3)	0	
			Total Amount of Payment:	\$491.00

CUSTOMER NUMBER		Intellectual Property Departme	Intellectual Property Department		
25763	25763 DORSEY & WHITNEY LLP Suite 1500, 50 South Sixth Street		et		
		Minneapolis, MN 55402	Minneapolis, MN 55402		
Name: S. Wade Johnson	2	Phone No.: (612) 340-8835	Fax No.: (612) 340-8856		
Signature: (1) acle		Reg. No.: 50,873	Date: 9-17-03		

							
CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)				Docket No.			
Applicant(s): Sandra M. Maclean et al.				11842/US/2			
	,	1					
Serial No.	Filing Date	Examiner		Group Art Unit			
Not Yet Known	Herewith	Not Yet Kn wn		Not Yet Known			
	L						
Invention: MISCARRIA	ACE CARE PACKAGE						
MISCARRIAGE CARE PACKAGE							
							
I hereby certify that the	e following correspondence:						
	Trnsmtl (1); Appln Data Sheet (2	2); Spec w/Cover (26); Drwgs, I	FIGS. 1	IA, 1B, 2, 3A, 3B, 4-23			
(24); Check #967397; I	Rept Psterd						
	(Identify type	of correspondence)					
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	h the United States Postal Service	•					
CFR 1.10 in an envelo	ppe addressed to: Commissioner	for Patents, P.O. Box 1450, A	Alexan	dria, VA 223 <u>1</u> 3-1450 on			
	17 September 2003						
	(Date)						
		Kim Ande	oncon				
		(Typed or Printed Name of Person		Correspondence)			
		1,	\cap				
		Jim Ja	ndle	18610			
		(Signature of Person Mailin	ig Corre	sponaence)			
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